

The Honorable Kymberly K. Evanson

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF  
EDUCATION, et al.,

Defendants.

NO. 2:25-cv-01228-KKE

DECLARATION OF ROSEMARY  
REILLY-CHAMMAT, Ed.D

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON; STATE OF  
CALIFORNIA; STATE OF COLORADO;  
STATE OF CONNECTICUT; STATE OF  
DELAWARE; STATE OF ILLINOIS;  
STATE OF MAINE; STATE OF  
MARYLAND; COMMONWEALTH OF  
MASSACHUSETTS; THE PEOPLE OF  
THE STATE OF MICHIGAN; STATE OF  
NEW MEXICO; STATE OF NEW YORK;  
STATE OF NEVADA; STATE OF  
OREGON; STATE OF RHODE ISLAND;  
and STATE OF WISCONSIN,

No. 2:25-CV-01228

DECLARATION

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF  
EDUCATION; and LINDA MCMAHON, in  
Her Official Capacity as United States Secretary  
of Education,

Defendants.

**DECLARATION OF ROSEMARY REILLY-CHAMMAT, Ed.D.**

I, Rosemary Reilly-Chammat, Ed.D., declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I am the Director of the Office of School Health and Wellness of the Rhode Island Department of Elementary and Secondary Education ("RIDE"). I am over the age of 18 and have personal knowledge of all the facts stated herein, including knowledge based on my experience and information provided to me. If called as a witness, I could and would testify competently to the matters set forth below.

2. I submit this Declaration in support of the Plaintiff States' Motion for Preliminary Injunction.

**Background**

3. I serve as Director of the Office of School Health and Wellness at RIDE, leading statewide efforts to integrate student wellness across mental health, physical health, substance use prevention, sexual health education, and trauma-informed practices. These initiatives are embedded within a Multi-Tiered System of Supports (MTSS) framework to promote safe, healthy, and supportive learning environments. Since joining RIDE in 2012, I've held several roles focused on school health and student support, including HIV/Sexual Health Specialist and Associate Director of School Health and Extended Learning. I regularly collaborate with state agencies and community partners to align education and public health systems. With over 30 years of experience in school and public health, I'm dedicated to advancing equitable, sustainable wellness strategies. I hold an Ed.D. in Educational Leadership, master's degree in public administration and a bachelor of science in health education. I hold Rhode Island certifications in health education K-12 and building level administration.

4. RIDE is the state education agency responsible for ensuring that every student has access to high-quality teaching and learning opportunities from pre-kindergarten through grade 12. RIDE's mission is to prepare every Rhode Island student for success in college, careers, and life. The agency supports this mission by setting statewide educational priorities, guiding policy and program implementation, and partnering with districts and communities to promote equitable, student-centered outcomes.

5. In my role, I lead projects focused on advancing child nutrition, school health, mental health, and wellness, through statewide initiatives that align with both the Whole School,

Whole Community, Whole Child (WSCC) framework and Rhode Island's MTSS. These efforts center on embedding evidence-based practices into school systems, building district capacity, and supporting sustainable strategies that promote student and staff well-being across academic, behavioral, and social-emotional domains at RIDE. I have served as a Principal Investigator on U.S. Department of Education-funded projects during both Democratic and prior Republican presidential administrations. My Department-funded projects have included the FY20 School-Based Mental Health Services Grant (S184H200008), the FY23 School-Based Mental Health Services Demonstration Grant (S184H220120), where I currently serve as Project Director, and the School Climate Transformation Grant (S184F180005), where I support implementation of health and wellness infrastructure across schools and districts. I have served as a Project Director for three (3) of the Department's grants/cooperative agreements.

6. This includes my role as leading the RI School Based Mental Health Services Project, which the Department funded under the School-Based Mental Health Services Grant Program (SBMH).

**The Department's Funding and Discontinuance of RI School Based Mental Health Services Project**

7. SBMH provides competitive grants to state educational agencies (SEAs), local educational agencies (LEAs), and consortia of LEAs to increase the number of credentialed mental health services providers in LEAs with demonstrated need.

8. RIDE applied for a multi-year SBMH grant on or around November 3, 2022.

9. In its application, RIDE explained that youth and families across Rhode Island are facing serious mental health problems in the wake of trauma caused by the COVID-19 pandemic. RIDE shared data highlighting the rates of mental health problems amongst youth, including rates

of suicidal tendencies and substance use. RIDE further emphasized the need for more mental health providers in Rhode Island schools, noting that the state's student-to-counselor ratio was well below the recommended average. To meet that year's SBMH program priorities, RIDE proposed the following goals – to be reached by 2027 – for its SBMH project: increase the number of qualified mental health providers in four (4) pilot LEAs with demonstrated need by 10% each year over the period of the grant; build capacity for supporting the sustained and broad-scale implementation with fidelity of a MTSS framework by LEAs including mental health service providers to meet the needs of children and families served by the districts; develop professional preparation, continuing education and certification pathways to increase the number of mental health service providers credentialed and certified to work in K-12 schools; and increase the number of diverse mental health service providers in schools to reflect the student population.

10. In its application, RIDE emphasized the urgent and ongoing mental health challenges facing youth and families across the state in the aftermath of the COVID-19 pandemic. Data from the 2023 SurveyWorks survey revealed that only 38% of high school students felt they had an adult at school they could talk to when feeling upset, and fewer than 60% reported feeling like they belonged in their school community—indicators of widespread social-emotional distress. Additional findings from the 2023 Youth Risk Behavior Survey (YRBS) showed that 16% of Rhode Island high school students seriously considered suicide, and 7% attempted suicide in the past year. Substance use remains a concern as well, with 13% of high school students reporting current alcohol use and 15% reporting current marijuana use. RIDE further highlighted the shortage of qualified school-based mental health professionals as a barrier to addressing these needs. According to the American School Counselor Association, Rhode Island's average student-

to-school counselor ratio was 417:1—well above the recommended 250:1 ratio—underscoring the critical need to expand the school mental health workforce statewide.

11. On December 27, 2022, the Department awarded RIDE a SBMH grant for the RI School Based Mental Health Services Project, Award No. S184H220120. The Grant Award Notification is attached as Attachment A. The Department approved a multi-year grant performance period of January 1, 2023 through December 31, 2027 and authorized funding for the initial budget period of January 1, 2023 through December 31, 2023.

12. The Department granted continuation awards that funded subsequent budget periods. Most recently, the Department issued a Grant Notification Award, continuing funding for this grant on December 20, 2024 in the amount of \$1,789,179.00. The current budget period started on January 1, 2025 and ends on December 31, 2025. That document is attached as Attachment B.

13. Since the Department has awarded RIDE this grant, RIDE has demonstrated strong performance in meeting and exceeding the objectives of the U.S. Department of Education's School-Based Mental Health Services Grant. Over the course of the grant, RIDE has successfully built and supported a sustainable, strategic, and well-coordinated school mental health system that is already delivering results across multiple dimensions of workforce, access, training, and systems change. RIDE has received consistently positive feedback from the U.S. Department of Education, earning a continuation of the project/funding each year, and the Rhode Island SBMH model has been lifted up in regional/national peer learning communities as an example of state-level innovation, partnership, and impact. These positive feedback emails are attached as Attachment C.

Examples of RIDE's accomplishments include:

a. Hiring, Retention, and Workforce Development

Across both grant years, a total of 9.0 new FTE school-based mental health professionals were hired directly through grant funding across four (4) high-need LEAs. While the number of new hires may appear modest, this reflects one of the initiative's greatest strengths: exceptionally high retention. Grant-funded strategies improved workplace culture, coordination, and supervision in ways that made existing positions more sustainable — reducing attrition and supporting staff stability, which in turn reduced the number of vacancies.

Participating districts retained over 95% of grant-funded hires across both years, with multiple LEAs reporting no staff loss or only role transitions (e.g., provider becoming a grant coordinator). The result is a strong, consistent mental health workforce positioned for long-term impact.

b. Internships, Pipelines, and Career Pathways

A total of 22 graduate-level behavioral health interns were placed across the four (4) partner LEAs through a statewide collaboration with Rhode Island College's Interdisciplinary Behavioral Health Teams (IBHT) initiative. These placements were not only impactful for service delivery — they also offered stipends to remove financial barriers for students completing clinical training. These interns received embedded supervision, monthly coaching, and specialized seminars that enhanced their readiness for school-based practice. Many persisted through to graduation and entered the field as qualified providers. Several LEAs noted that these paid internships expanded their Tier 2 capacity and offered meaningful leadership roles for site-based supervisors — creating a win-win for both districts and aspiring professionals.

c. Service Access and System Impact

Student-to-provider ratios across participating LEAs reached an aggregate of 153:1, well below national recommendations and ahead of many peer states. Over 1,100 students received



direct mental health services in Year 2 alone through individual or group supports — more than double the Year 1 baseline. Universal screeners (e.g., SAEBRS, Satchel Pulse) were implemented districtwide, and new service delivery models like Wellness Centers, SEL blocks, and drop-in groups increased access to Tier 1 and 2 supports.

d. Statewide Training and Field-Building

RIDE coordinated a statewide professional learning system that engaged over 600 school-based providers through monthly sessions with the John Snow Institute (JSI), Equity Institute, and partner associations. Topics included trauma-informed care, SEL strategies, and culturally responsive practices. RIDE also conducted a professional development needs assessment with over 60% response rate, ensuring that offerings reflected the real-time priorities of the field.

e. Systems Change and Sustainability

RIDE aligned this work with multiple state-level efforts, including:

- Drafting a school telehealth guidance document in collaboration with RIDOH;
- Development of an administrative guidance document to support LEA leaders in planning for the sustainable use of SBMH staffing resources. This tool helps districts align funding sources, define roles across tiers, and build long-term staffing infrastructure beyond the grant. This document is currently in draft form.
- Contributing to Rhode Island's successful application for the School-Based Medicaid Expansion grant through EOHHS, which lays the groundwork for long-term reimbursement of school-based mental health services; and
- Supporting credentialing, certification, and onboarding improvements for SBMH professionals statewide (through avenues such as alignment of professional preparation



with certification standards, field placement and licensure-track support, cross-agency coordination, etc.).

Throughout the grant period, RIDE's strategic use of partnerships with higher education, LEAs, professional associations, community agencies, and technical assistance providers created a shared infrastructure for long-term growth. This includes the early planning of a School Mental Health Certificate Program, continued refinement of re-specialization supports for clinicians transitioning from community to school settings, and the development of pilot pathway program for school based mental health providers.

14. In my experience, discontinuance of a project's funding is rare and I have never had a project's funding discontinued or terminated.

15. Nevertheless, on April 29, the Department sent notice that RIDE SBMH award would be discontinued at the end of the grant's current budget period, which is December 31, 2025. Given that the Department originally approved this grant's performance period through December 31, 2027, RIDE faces a loss of \$4 million in prospective funding, including \$2 million that it had expected to receive for the upcoming 2025-26 school year. The Department's discontinuation notice is attached as Attachment D.

16. The notice came without any previous process or communication about the discontinuance from the Department. It purported to discontinue the grant based on 34 C.F.R. § 75.253(a)(5) and (f)(1). These regulations allow the Department to not continue a grant if it determines that continuation of the project is not in "the best interest of the Federal Government." 34 C.F.R. § 75.253(a)(5); 34 C.F.R. § 75.253(f)(1). In making this determination, the Department limited its considerations to "any relevant information regarding grantees' performance." 34 C.F.R. § 75.253(b). However, this notice failed to cite anything regarding RIDE's performance.

17. Rather it “determined that the grant specified above provides funding for programs that reflect the prior Administration’s priorities and policy preferences and conflict with those of the current Administration.” It then went on in boilerplate fashion to list a mishmash of reasons, claiming the programs: “violate the letter or purpose of Federal civil rights law; conflict with the Department’s policy of prioritizing merit, fairness, and excellence in education; undermine the well-being of the students these programs are intended to help; or constitute an inappropriate use of federal funds.” Based on this boilerplate language, RIDE has no way of knowing which reason(s) applied as the Department’s basis for discontinuing the SBMH grant for the RI School Based Mental Health Services Project.

**Harms from the Department’s Decision to Discontinue RIDE’s Grant**

18. The discontinuance of RIDE’s SBMH grant will end the RI School Based Mental Health Services Project.

19. Although RIDE can still access funding through the end of our current budget period on December 31, 2025, RIDE is already experiencing the harmful effects of this discontinuance. LEAs were required to finalize their FY26 budgets this past spring, before the discontinuation notice was issued. With limited lead time and no contingency funding, most districts were unable to absorb the cost of grant-funded positions or initiatives. This has already led to the pausing of hiring, discontinuation of positions, and scaling back of anticipated mental health service expansions for the 2025–2026 school year, including roles tied to Tier 2 and Tier 3 supports, intern supervision, onboarding, and school-based mental health coordination. In addition, key sustainability elements built into the grant, such as LEA planning tools, systems coaching, and our graduate-level school mental health career pathway pilot, cannot proceed as designed. A program was developed to provide financial, academic, and supervision support to

graduate students pursuing mental health careers in schools, with the long-term goal of expanding the pipeline to earlier entry points, such as high school dual enrollment. Without full funding through program completion, RIDE cannot, in good conscience, move forward with the pilot, as students would lose critical supports before completing their degrees. RIDE is also unable to execute planned Year 3 contracts for statewide professional development and systems implementation support—a major component of Rhode Island’s workforce retention strategy. The professional development series consistently reached over 60% of the school-based mental health workforce statewide, with session satisfaction ratings exceeding 80%. These offerings provided role-specific, high-quality training that districts cannot independently sustain due to the small size of the SBMH workforce relative to overall school staff. Additionally, plans to expand implementation supports, including targeted coaching, technical assistance, and resource dissemination through professional association partnerships are now on hold. These efforts were designed to sustain the field and build long-term statewide infrastructure but are no longer feasible without continued federal funding. The discontinuation ends RIDE’s ability to provide stipends for graduate-level interns, who previously received both financial support and embedded supervision through the grant. Without stipends, internships will revert to unpaid placements, creating access barriers for students who cannot afford to work without compensation. This change directly undermines Rhode Island’s strategy to build a more sustainable, diverse, and qualified mental health workforce for schools. Finally, the early end of the grant also threatens access to foundational support services that districts have integrated into the core of their school climate and wellness efforts. For example, one participating LEA reports that its ability to embed Tier 1 SEL instruction during the school day, made possible through the staffing and coordination funded by this grant, has directly contributed to school-wide improvements in engagement. The district has

a 96.3% attendance rate, the highest in Rhode Island. The removal of these supports not only disrupts service delivery but risks undoing meaningful progress tied to student outcomes and consistent access to school-based mental health promotion. Finally, RIDE will lose staff capacity to support districts in this work in the grant funded LEAs as well as statewide. The grant supports: Grant Manager at 1FTE; Finance Specialist .2 FTE; Principal Investigator .1 FTE

20. Moreover, if the Department does not rescind its discontinuation decision, Rhode Island will face a number of nonfinancial consequences that threaten both the momentum and integrity of the state's school mental health infrastructure. The grant is currently in Year 3 of a five-year initiative. Rather than continuing with the planned implementation and sustainability activities, RIDE must now shift focus toward early closeout, interrupting Year 3 priorities and eliminating the final two years of systems-building work. Tools, resources, and training structures developed through the first two years will remain incomplete or unreleased, and opportunities for long-term impact will be lost.

21. Although this grant did not fund the State's Medicaid expansion efforts, the training, technical assistance, and workforce coordination activities supported through the project have helped to inform the field's readiness for expanded behavioral health service delivery in schools. These efforts have taken place alongside Rhode Island's broader planning for school-based Medicaid, and many of the practices promoted under the grant, such as evidence-based service models, role-specific onboarding, and infrastructure planning, are aligned with long-term system needs. The early end of the grant removes a key mechanism for building district capacity and advancing statewide implementation strategies that would otherwise support a more sustainable, integrated service model.

22. Finally, this decision threatens the continuity of embedded mental health services that were becoming normalized across schools, such as Tier 1 SEL instruction, targeted group supports, and trauma-informed practices. These services cannot continue without the trained professionals, supervision structures, and coordinated planning made possible by the grant. Without them, Rhode Island risks losing gains made in school mental health access, professional retention, and student well-being.

23. In addition, the discontinuation of the grant has immediate and significant effects on individuals who have relied on this project for training, supervision, and workforce entry. Most notably, graduate-level interns will no longer receive stipends, resulting in the loss of paid, supervised clinical placements across participating districts. These stipends were essential in making internship placements accessible for students who could not otherwise afford to work without compensation—particularly those from underrepresented or financially constrained backgrounds. The loss of this support directly weakens Rhode Island's school mental health pipeline by reducing access to clinical training experiences.

24. RIDE is also unable to implement its planned graduate-level career pathway pilot, which was designed to provide sustained financial, academic, and onboarding support through graduation and into the workforce. Without continued funding, the state cannot responsibly enroll new students into a program it cannot support through completion, stalling efforts to grow a coordinated, long-term pipeline into school-based mental health careers.

25. Finally, although this project was not university-based, several students were using their internship or job placement through the grant to fulfill practicum, capstone, or degree requirements. At least one partner institution has already indicated that affected students may need

to secure alternative placements or extend their academic timelines, potentially delaying graduation and entry into the field.

26. There is no way to recover lost time or restore continuity once disrupted, and staff who depart will take their training and expertise with them, requiring new investment in recruitment, hiring, and training.

27. Even if the Department were to re-bid SBMH funds, and RIDE were to receive a new grant award, the harm would already be done. The disruption to continuity of services, planning, and personnel retention would significantly delay the State's progress toward building sustainable school mental health systems. Districts have already been forced to make conservative budget and staffing decisions for the upcoming school year based on the current discontinuation, resulting in paused hiring, eliminated positions, and scaled-back supports. These decisions cannot easily be reversed mid-year, especially in a constrained labor market.

28. In addition, the loss of program momentum and institutional knowledge, both at the state level and within districts, will take considerable time to rebuild. Planned implementation activities, cross-district coordination, and technical assistance structures will be interrupted, dismantling the scaffolding that was designed to support sustainable capacity-building across years four and five. Re-launching these efforts from scratch would require significant reinvestment in reorienting staff, reestablishing partnerships, and reengaging districts that may have already shifted focus or lost trust in long-term continuity.

29. The damage is not only logistical but strategic. This disruption fractures the State's carefully sequenced plan for workforce development, systems alignment, and service expansion, weakening Rhode Island's ability to achieve the long-term, systemic improvements that the SBMH program was intended to support.

30. Beyond the direct service and workforce implications, the discontinuation also undermines years of trust-building and collaboration between RIDE, LEAs, higher education partners, and community-based organizations. Many of these stakeholders made multi-year commitments based on the original five-year grant timeline, including aligning programmatic priorities, staffing structures, and internship pathways. The abrupt change in funding compromises Rhode Island's credibility as a stable partner in mental health systems development and may discourage future participation in similarly ambitious state-led efforts.

### **Conclusion**

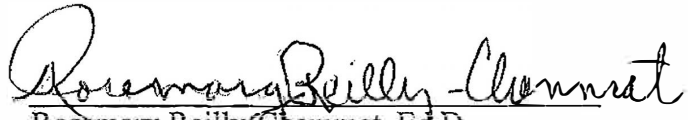
31. The discontinuance of RIDE's SBMH grant undermines the Department's mission to prepare every Rhode Island student for success in college, careers, and life by disrupting access to the mental health supports, school climate initiatives, and workforce capacity-building that make that success possible; as well as the Department's "mission to ensure equal access to education and to promote educational excellence throughout the Nation." 20 U.S.C. § 1228a(a). These discontinuances make it harder to train and secure talent and to fund providers so that our children may access mental health services. To meet budgetary deadlines, RIDE and its partners are making difficult decisions in the next few weeks and are already in the process of terminating staff positions that support these Programs. These harms are ongoing and will be irreparable if they are not stopped.

32. On June 30, 2025, RIDE withdrew its request for reconsideration.



I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

DATED this 2nd day of July, 2025, at Providence, Rhode Island.

A handwritten signature in black ink, reading "Rosemary Reilly-Chammat". The signature is fluid and cursive, with the first name "Rosemary" and last name "Chammat" being more prominent than the middle name "Reilly".

Rosemary Reilly-Chammat, Ed.D.  
Director - Office of School Health and Wellness  
Rhode Island Department of Secondary and  
Elementary Education